

**Illinois Department of Children and Family Services**  
**AUTHORIZATION FOR BACKGROUND CHECK**  
**Child Abuse and Neglect Tracking System (CANTS)**

For Programs NOT Licensed by DCFS

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Parish/School/Agency: \_\_\_\_\_

Your Position (Circle One): Priest Deacon Religious Order Lay Employee Volunteer

List all addresses at which you have resided in the past five years:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

\_\_\_\_\_  
Signature Date

Archdiocese of Chicago (Agency Name)  
 Jan Slattery (Contact Person)  
 835 N Rush St. (Address)  
 Chicago, IL 60611 (City/State/Zip)

~~Mail this request to:~~  
~~Department of Children and Family Services~~  
~~406 E. Monroe Station #30~~  
~~Springfield, IL 62761~~